

Nurse Residency

**J E O P A R D Y !**

200

| Stroke       | Shock/Sepsis | Respiratory  | Heart Failure | Renal        | OB/GYN       |
|--------------|--------------|--------------|---------------|--------------|--------------|
| <u>\$100</u> | <u>\$100</u> | <u>\$100</u> | <u>\$100</u>  | <u>\$100</u> | <u>\$100</u> |
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| <u>\$500</u> | <u>\$500</u> | <u>\$500</u> | <u>\$500</u>  | <u>\$500</u> | <u>\$500</u> |

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A patient who suffered a stroke one month ago is experiencing hearing problems along with issues learning and showing emotion. On the MRI what lobe in the brain do you expect to be affected?

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What is the temporal lobe

Which is responsible for hearing,  
learning, and feelings/emotions

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A patient's MRI imaging shows damage to the cerebellum a week after the patient suffered a stroke. What assessment findings would correlate with this MRI finding?

- A. Vision problems
- B. Balance impairment
- C. Language difficulty
- D. Impaired short-term memory

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## What is B. Balance Impairment

The cerebellum is important for coordination and balance

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Your patient on Heparin develops Heparin-Induced Thrombocytopenia (HIT). What signs and symptoms in the patient confirm this diagnosis?

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## What is Decrease in platelet level and Development of a new thrombus

HIT is where the body makes antibodies against Heparin because it's binding to platelet factor 4 (a blood protein). This creates antibodies that will bind to the heparin and PF4 complex, which activate the platelets. Small clots will form (hence new clots or worsening of clots) and the platelet count falls...hence thrombocytopenia.

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Which patients are NOT a candidate for tissue plasminogen activator (tPA) for the treatment of stroke?

- A. A patient with a CT scan that is negative.
- B. A patient whose blood pressure is 200/110.
- C. A patient who is showing signs and symptoms of ischemic stroke.
- D. A patient who received Heparin 24 hours ago.

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## What is B and D

Patients who are experiencing signs and symptoms of a hemorrhagic stroke, who have a BP for  $>185/110$ , and has received heparin or any other anticoagulants etc. are NOT a candidate for tPA. tPA is only for an ischemic stroke.

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A 73-year-old patient with a stroke experiences facial drooping on the right side and right-sided arm and leg paralysis. When admitting the patient, which clinical manifestation will the nurse expect to find?

- A. Impulsive behavior
- B. Right-sided neglect
- C. Hyperactive left-sided tendon reflexes
- D. Difficulty comprehending instructions

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## D. Difficulty Comprehending Instructions

Right-sided paralysis indicates a left-brain stroke, which will lead to difficulty with comprehension and use of language. The left-side reflexes are likely to be intact. Impulsive behavior and neglect are more likely with a right-side stroke.

A patient admitted with possible stroke has been aphasic for 3 hours and his current blood pressure (BP) is 174/94 mm Hg. Which order by the health care provider should the nurse question?

A. Keep head of bed elevated at least 30 degrees.

B. Infuse normal saline intravenously at 75 mL/hr.

C. Administer tissue plasminogen activator (tPA) per protocol.

D. Administer a labetalol (Normodyne) drip to keep BP less than 140/90 mm Hg.

What is D. Administer a labetalol (Normodyne) drip to keep BP less than 140/90 mm Hg.

Because elevated BP may be a protective response to maintain cerebral perfusion, antihypertensive therapy is recommended only if mean arterial pressure (MAP) is  $>130$  mm Hg or systolic pressure is  $>220$  mm Hg. Fluid intake should be 1500 to 2000 mL daily to maintain cerebral blood flow. The head of the bed should be elevated to at least 30 degrees, unless the patient has symptoms of poor tissue perfusion. tPA may be administered if the patient meets the other criteria for tPA use.

# Sepsis and Shock

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A patient is at risk for septic shock when a microorganism invades the body. Which microorganism is the MOST common cause of sepsis?

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## What is Bacteria

Gram-positive or gram-negative bacteria are the MOST common cause of sepsis.

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A patient with neurogenic shock is experiencing a heart rate of 30 bpm. What medication does the nurse anticipate will be ordered by the physician STAT?

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## What is Atropine

Atropine will quickly increase the heart rate and block the effects of the parasympathetic system on the body. Remember bradycardia occurs in neurogenic shock because the sympathetic nervous system (which increases the heart rate) loses its ability to stimulate nerves. The sympathetic and parasympathetic systems are, in a way, balancing each other out when it comes to the heart rate. The sympathetic system increases it, while the parasympathetic decreases it. If the sympathetic system isn't working the way it should, it can NOT oppose the parasympathetic system....which will take over and lead to bradycardia

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The physician orders a Dobutamine IV drip on a patient in cardiogenic shock. After starting the IV drip, the nurse would make it priority to monitor for?

A. Rebound hypertension  
hypotension

C. Worsening

B. Ringing in the ears

D. Severe headache

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## What is C. Worse hypotension

Dobutamine increases contractility and cardiac output, BUT causes vasodilation due to the way it acts on receptors and this may make **hypotension** WORSE. The patient may be started on norepinephrine or dopamine if worsening of hypotension occurs.

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As the nurse you know that in order for hypovolemic shock to occur the patient would need to lose \_\_\_\_\_ of their blood volume

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What is C. >15%

As the nurse you know that in order for hypovolemic shock to occur the patient would need to lose 15% or more of their blood volume.

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A patient has lost 750 mL of blood volume. The MD orders Normal Saline infusion. Using the 3:1 rule, how much crystalloid solution should be prescribed by the doctor?

A. 2,250 mL of Normal Saline

B. 250 mL of Normal Saline

C. 375 mL of Normal Saline

D. 1,225 mL of Normal Saline

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## What is A. 2,250 mL of Normal Saline

For crystalloid solutions (this includes normal saline and lactated ringer's), a 3:1 rule is used. This rule states for every 1 mL of approximate blood loss 3 mL of crystalloid solution is given.

Therefore, if the patient loses 750 mL of blood, the patient would receive 2,250 mL of saline.  $750 \times 3 = 2,250$

A patient arrives in the emergency department with symptoms of myocardial infarction, progressing to cardiogenic shock. Which of the following symptoms should the nurse expect the patient to exhibit with cardiogenic shock?

- A. Hypertension
- B. Bradycardia
- C. Bounding pulse
- D. Confusion

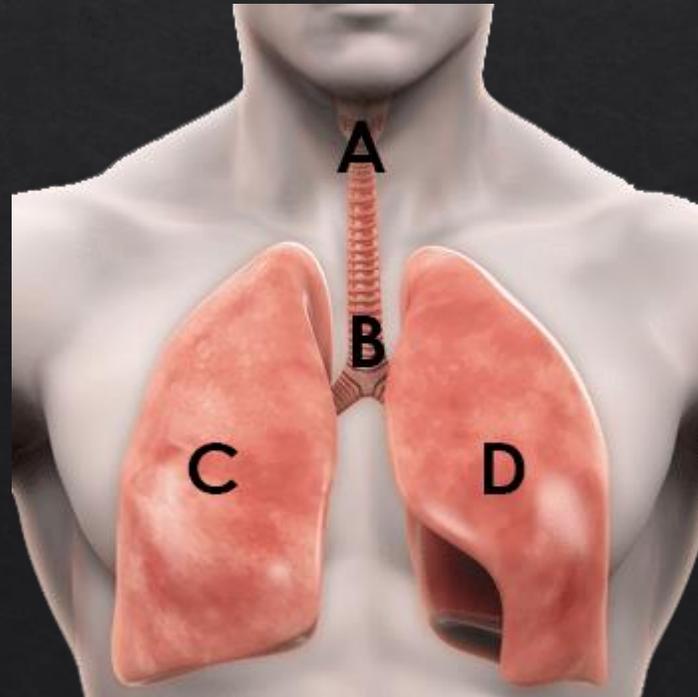
## What is D. Confusion

Cardiogenic shock severely impairs the pumping function of the heart muscle, causing diminished blood flow to the organs of the body. This results in diminished brain function and confusion, as well as hypotension, tachycardia, and weak pulse. Cardiogenic shock is a serious complication of myocardial infarction with a high mortality rate.

Respiratory

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Which location is where the tip of the endo tracheal tube should sit when a patient is intubated



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What is B

The ETT should be 2cm above the  
Corina

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An ambulance brings a client with audible sucking noises on both inspiration and expiration and diminished breath sounds on the left side. What should the nurse start preparing for?

A. Chest tube insertion

C. Arterial Blood Gas Draw

B. Humidified O<sub>2</sub>

D. Rapid Fluid Infusion

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What is A. Chest tube insertion

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A patient is on mechanical ventilation with PEEP (positive end-expiratory pressure). Which finding below indicates the patient is developing a complication related to their therapy and requires immediate treatment?

A. HCO<sub>3</sub> 26 mmHg  
mmHg

C. PaO<sub>2</sub> 80

B. Blood pressure 70/45  
mmHg

D. PaCO<sub>2</sub> 38

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The answer is B.

Mechanical ventilation with PEEP can cause issues with intrathoracic pressure and decrease the cardiac output (watch out for a low blood pressure) along with hyperinflation of the lungs (possible pneumothorax or subq emphysema which is air that escapes into the skin because the lungs are leaking air).

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The nurse instructs a client to use the pursed-lip method of breathing and the client asks the nurse about the purpose of this type of breathing. The nurse responds that the primary purpose of pursed-lip breathing is to promote which outcome?

A. Promote oxygen intake  
Muscles

C. Strengthen Intercostal

B. Strengthen the diaphragm

D. Promotes Carbon Dioxide  
Elimination

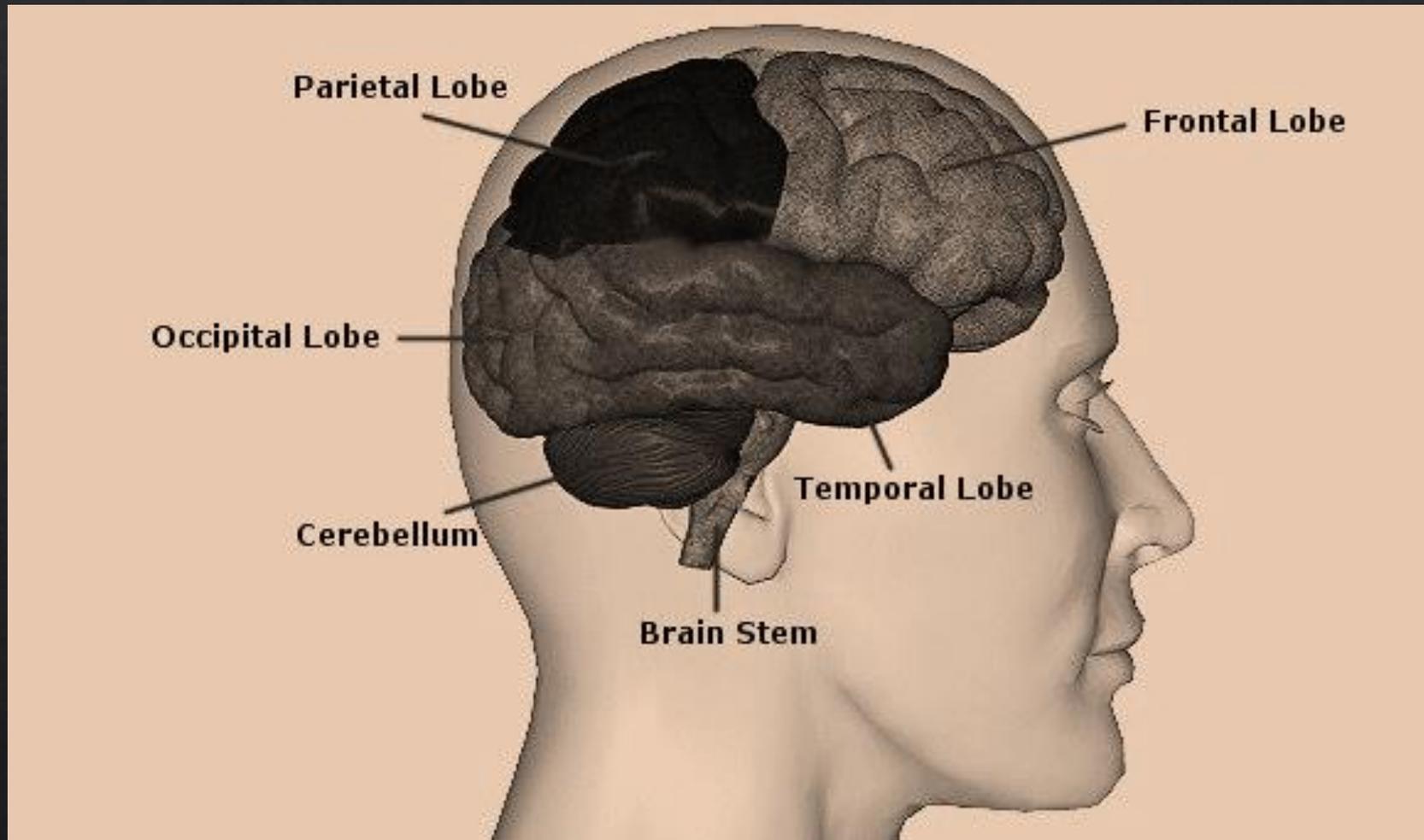
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What is D.

Promote Carbon Dioxide  
elimination

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Which part of the brain detects the amount of CO<sub>2</sub> in the brain?



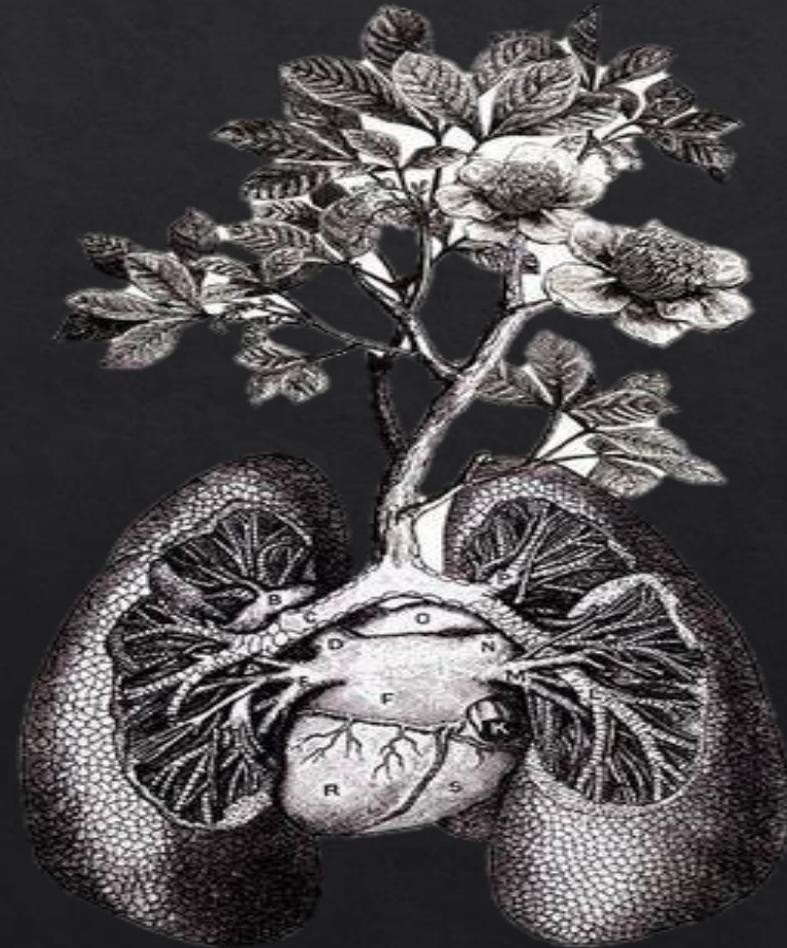
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What is Medulla Oblongata

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The Disease that causes destruction of the Alveolar Walls?

- A. Bronchitis
- B. Pneumonia
- C. Emphysema
- D. Asthma



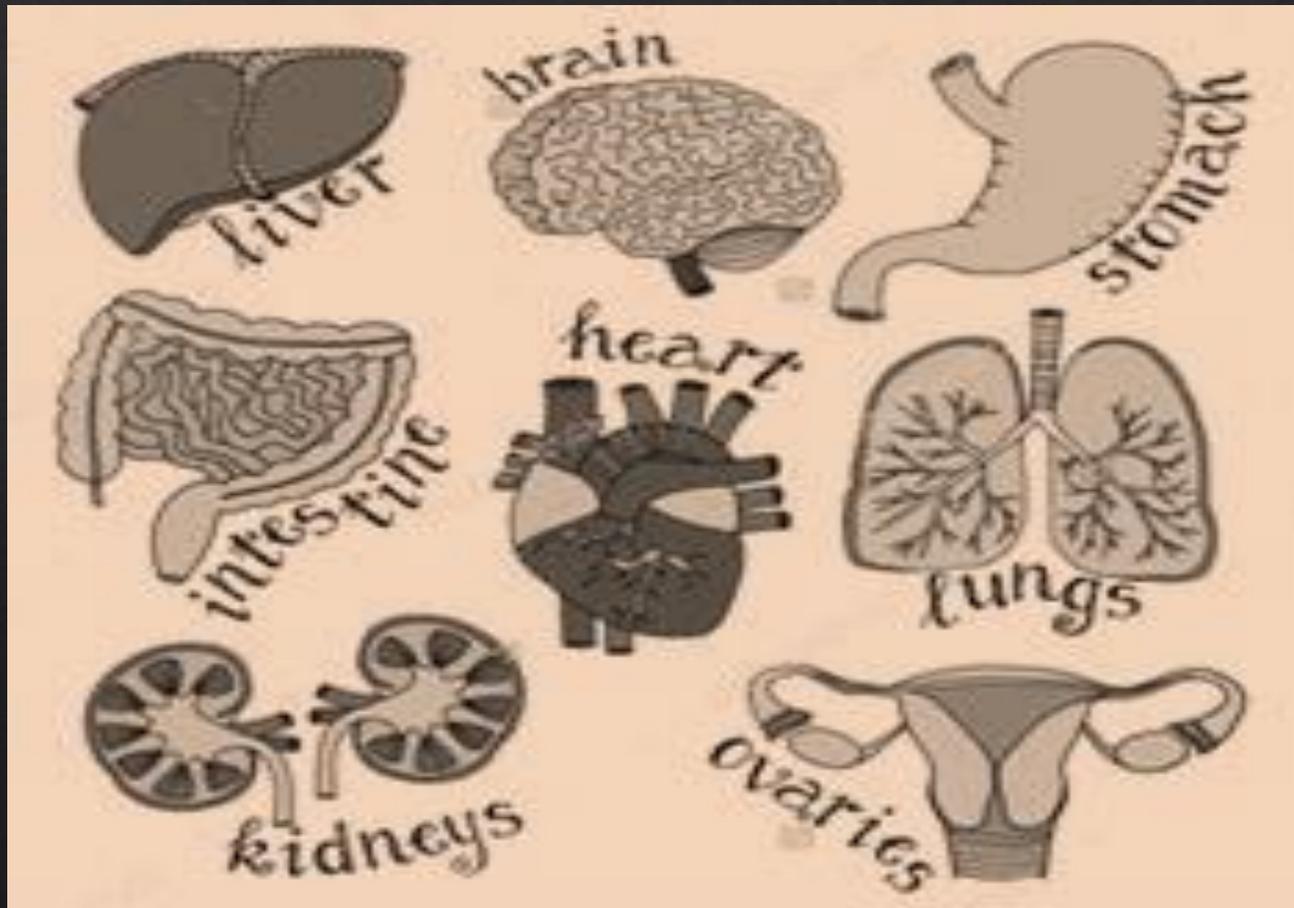
*\$DAILY Double*

What is Emphysema

# Daily Double

Which organ breaks down old red blood cells and stores iron for hemoglobin?

- A. Brain
- B. Lungs



- C. Kidney
- D. Liver

# Daily Double

What is Liver

# Heart Failure

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True or False: Patients with left-sided diastolic dysfunction heart failure usually have a normal ejection fraction

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TRUE

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Which of the following is a late sign of heart failure?

A. Shortness of breath

C. Edema

B. Orthopnea  
Sputum

D. Frothy-Blood tinged

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What is D.

Frothy-blood tinged sputum

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\_\_\_\_\_ is the  
amount the ventricle  
stretches at the end of  
diastole

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## What is Preload...

**Preload** is the amount the ventricle stretches at the end of diastole (hence it's the amount the ventricle stretches once it's filled with blood and right before the contraction of the ventricle ...so it's the end-diastolic volume)

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A patient with heart failure is taking Losartan and Spironolactone. The patient is having EKG changes that presents with tall peaked T-waves and flat p-waves. Which of the following lab results confirms these findings?

A. Na<sup>+</sup> 135  
+8.0

B. BNP 560

C. K

D. K + 1.5

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What is C. K+ 8.0

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A patient is taking Digoxin. What medication on the patient's medication list increases the patient's risk of experiencing Digoxin toxicity?\*

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## What is Furosemide

A loop-diuretic and this medication wastes potassium. Remember hypokalemia (low potassium level) increases the risk of a patient developing Digoxin toxicity. Hypercalcemia ( $>10.2$  mg/dL) and hypomagnesemia ( $< 1.5$  mg/dL) also increases Digoxin toxicity.

Renal

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Two lab values an interventional specialist should know before giving a patient contrast

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What are Creatinine an GFR

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This is the difference between cations  
and anions,

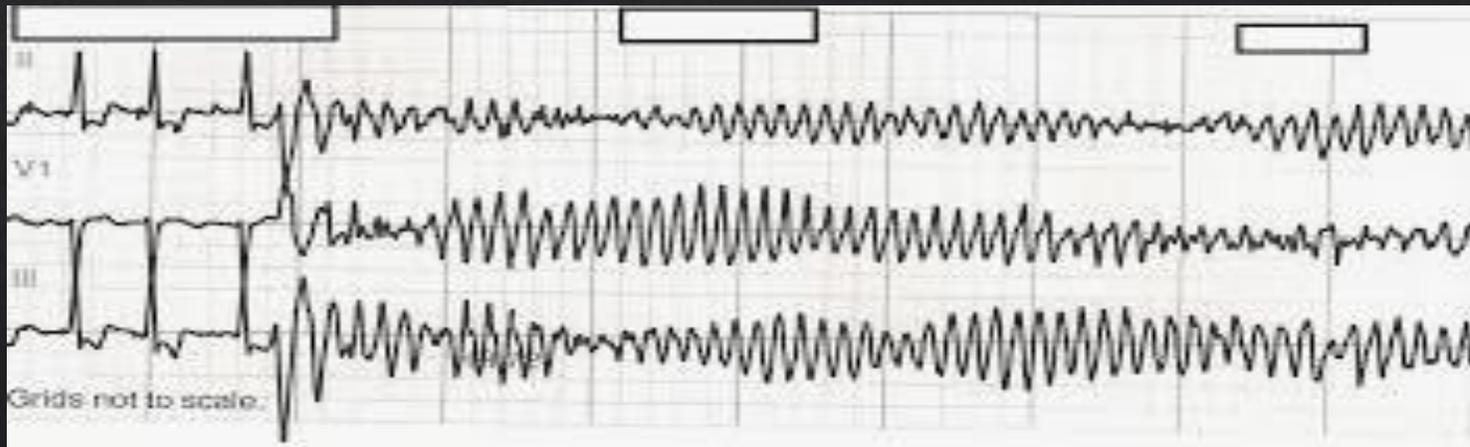
Hint: Elevated in DKA

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What is Anion Gap

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Electrolyte that causes this rhythm



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What is Magnesium

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A disorder that can happen if  
hyponatremia is corrected too quickly

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What is Central Pontine  
Myelinolysis caused by  
cerebral edema and increased  
intracranial pressure

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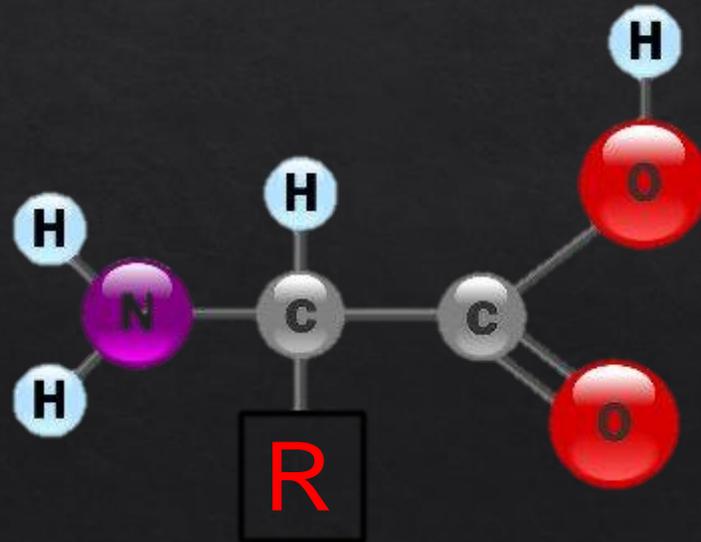
A bedside technique that can be used  
to determine if your patient needs  
fluids

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What is Passive Leg Raise

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The liver makes \_\_\_\_\_ from old amino acids.



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What is Urea

Ob/GYN

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A patient tells you her last menstrual period was September 10th, 2014. According to the Nagele's rule when is her expected due date?

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## What is June 17, 2015

Using the Nagele's rule to calculate an expected due date you would add 7 days to the first day of the last menstrual period which would be September 17, 2014. Then subtract 3 months which would be June 17, 2014 and then add 1 year and this would make the expected due date June 17, 2015.

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During an assessment of a pregnant patient (who is 20 weeks pregnant) she tells you the following information regarding her pregnancy outcomes: She currently has 3 children (ages: 3, 8, 19), all of them were born at 39 and 40 weeks gestation, she has been pregnant 5 times (including this pregnancy). How would you document her GTPAL?

A. G:5, T:3, P:0, A:1, L:3

G:4, T:4, P:0, A:0, L:3

B. G:4, T:3, P:0, A:0, L:4

G:5, T:3, P:0, A:1, L:4

C.

D.

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What is C.

G:4, T:4, P:0, A:0, L:3

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During a vaginal assessment on a patient who is 8 weeks pregnant, you note a bluish coloration of the mucous membrane of the cervix, vagina, and vulva. You would document this finding as what?

A. Chadwick's Sign

B. Goodell's Sign

C. Hegar's Sign

D. Ballottement

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## What is Chadwick's Sign

This description is known as Chadwick's sign and can happen as early as 6 weeks gestation.

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A patient with HIV is 6 weeks pregnant. What would you educate the patient about?

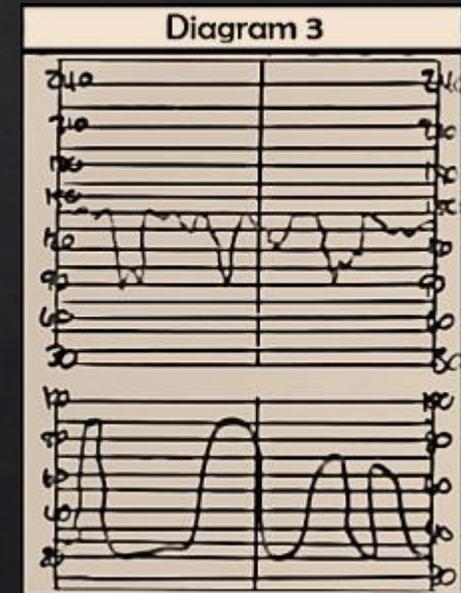
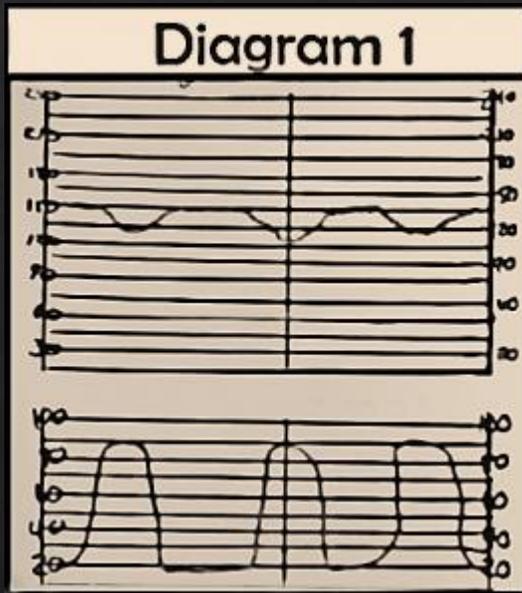
- A. Practice safe sex, but total abstinence from sexual intercourse during pregnancy is recommended.
- B. HIV can not be passed to the fetus
- C. How breast feeding will help the newborn after birth
- D. HIV is only passed through blood

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A. What is Practice safe sex, but total abstinence from sexual intercourse during pregnancy is recommended.

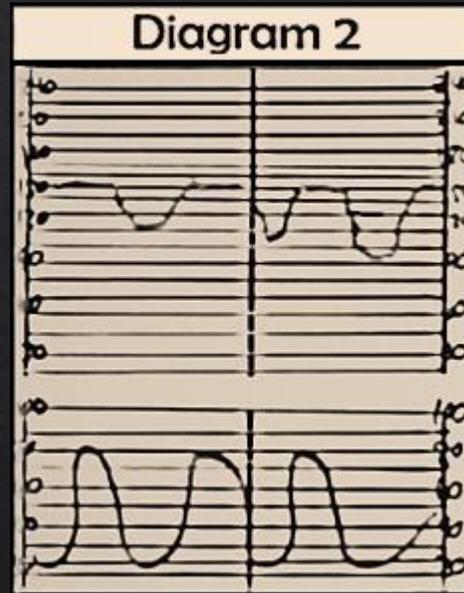
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Which diagram or diagrams is showing late decelerations?



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## What is Diagram 2



A 23 year old patient in the 27th week of pregnancy has been hospitalized on complete bed rest for 6 days. She experiences sudden shortness of breath, accompanied by chest pain. Which of the following conditions is the most likely cause of her symptoms?

- A. Myocardial infarction due to a history of atherosclerosis
- B. Pulmonary embolism due to deep vein thrombosis (DVT)
- C. Anxiety attack due to worries about her baby's health
- D. Congestive heart failure due to fluid overload



DAILY DOUBLE

DAILY DOUBLE